

REQUEST FOR TAX REFUND

Name of taxpayer(s) or business entity	Wells Ice & Cold Storage Inc C/O Harry G. Broskie	
Mailing Address:	P.O. Box 599	
	Seaford, Va. 23696	Acct# 002457

Reason for request (attach additional information): Per Statement Business closed effective May 1, 2005. Taxpayer is requesting a pro-rated refund of Business License Tax for 2005. The New Owners are Wells Scallops, LLC. DF

Declaration: I declare that the statements and figures hereon are true, full and correct to the best of my knowledge and belief.

See Attached

August 5, 2005

Signature of taxpayer or authorized officer

Date

Type of Tax Tax Year Ticket #	Description of Property	Amount of Tax to be Refunded	
Business License 2005 00003940025	Business License Tax	Tax:	\$ 3006.25
GL# 3-010-30312-3010		Penalty:	\$
GL#		Interest	\$
GL# 3-010-30312-3010		TOTAL:	\$ 3006.25
		Tax:	\$
Amount of Refund for Taxes Paid			\$ 3006.25
GL# 3-010-30312-3012		Interest Paid by the County	\$ 125.36
TOTAL REFUND DUE			\$ 3131.61

REFUND AUTHORIZATION

Commissioner of the Revenue

I have reviewed the above request for a tax refund, and concur that the taxpayer is entitled to the refund indicated for the following reason(s): Per Statement Business closed effective May 1, 2005. Taxpayer is requesting a pro-rated refund of Business License Tax for 2005. The New Owners are Wells Scallops, LLC. DF

Wells Scallop LLC has applied + paid for their BPOL for 2005.

Ben H. Shorner
Commissioner of the Revenue

8/12/05
Date

Treasurer

I hereby verify that the aforementioned taxpayer(s) have made payment of tax for which a refund has been requested. Such payment; and any amount owed the County by the taxpayer(s) which should be deducted from any refund made to the taxpayer, are in the following amounts:

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Delorah B. Robinson DD
Treasurer

8-12-05
Date

County Attorney

Pursuant to the provisions of Section 21-7.3, York County Code, I hereby consent to a tax refund to the taxpayer in the amount authorized by the Commissioner of the Revenue, less any amount owed the County by the taxpayer(s).

[Signature]
County Attorney

8-17-05
Date

Financial and Management Service

In accordance with the above authorizations, the refund above has been issued accordingly.

Financial and Management Service

Date

